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60587

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 3

2	Total Number of Vehicles	Local No./ District 188	Agency Case No. B5-086205	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1				
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y 09/17/2015		(In Military Time) TIME OF ACCIDENT 0755		STATE USE ONLY 09/17/2015				
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 0758	PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO					
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. South 84th		ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE					
C	DISTANCE FROM MILEPOST	FEET	N S E W	OF MILEPOST	HIGHWAY NO.	LONGITUDE				
D	IF AT INTERSECTION NAME OF INTERSECTING ROADWAY Rockledge									
V1/M	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN									
V2/M	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN					
E	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO					
F	VEHICLE NO. 1									
V1/N	DRIVER LICENSE NO.	H13374778		STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE				
V2/N	DRIVER	TIMOTHY J BUCHHOLTZ		PHONE	402-314-4014					
G	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	02/29/1980					
H	OWNER	JENNIFER BUCHHOLTZ / Timothy Buchholtz		PHONE	402-314-4014					
V1/O	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO. LB490450					
V2/O	LICENSE PLATE	PA NO.	TWH257	YEAR (Plate Expires)	2016	STATE (Of Plate) NE				
V3/O	VEHICLE	2006	Mercury	MODEL	Mariner	BODY STYLE Compact Utility				
V4/O	VEHICLE ID NO. (VIN)	4M2CU57176DJ07006		COLOR	black					
V5/O	ESTIMATED DAMAGE	<input type="radio"/> TOALED \$ 2500								
V6/O	INSURANCE COMPANY	State Farm								
V7/O	TOWED TO	Tracy's South		TOWED BY	Capitol Towing					
V8/O	POLICY NO.	1015024C2527B								
I	VEHICLE NO. 2									
V1/P	DRIVER LICENSE NO.	H13612698		STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE				
V2/P	DRIVER	DIAN M BIRDSSELL		PHONE	402-937-6846					
V3/P	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	09/25/1995					
V4/P	OWNER	Dian Birdsell		PHONE	402-937-6846					
V5/P	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input type="radio"/> YES <input checked="" type="radio"/> NO	CITATION NO.					
V6/P	LICENSE PLATE	NO.	NONE	YEAR (Plate Expires)	STATE (Of Plate)					
V7/P	VEHICLE	2004	Ford	MODEL	TAURUS	BODY STYLE 4 door Sedan				
V8/P	VEHICLE ID NO. (VIN)	1FAFP53U54A102157		COLOR	brown					
V9/P	ESTIMATED DAMAGE	<input type="radio"/> TOALED \$ 2000								
V10/P	INSURANCE COMPANY	AllState								
V11/P	TOWED TO			TOWED BY	New Policy					
V12/P	POLICY NO.									
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)										
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.	SEX M F
1	TIMOTHY J BUCHHOLTZ	5029 Goldenrod, Lincoln, NE 68512		02/29/1980	01	1	01	4	1	M
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.					
2	DIAN M BIRDSSELL	601 Driftwood, Lincoln, NE 68510		09/25/1995	01	1	01	4	2	F
	LOCAL NO.	MEDICAL FACILITY NAME Saint Elizabeth Regional Medical Center		EMS SERVICE NAME Lincoln Fire & Rescue	EMS RUN REPORT NO.					
VEH. #	NAME	ADDRESS								
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.					

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-086205



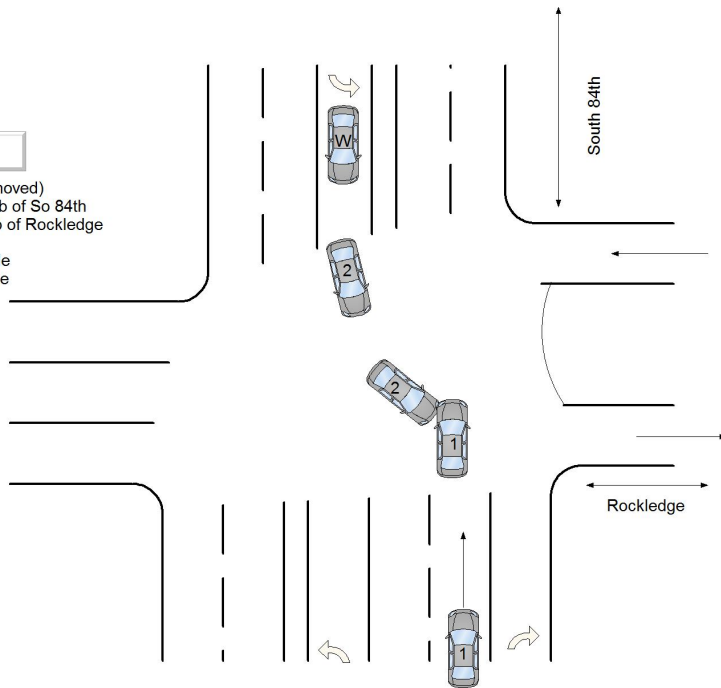
Indicate
North
by Arrow



Not To Scale

POI (est both vehicles moved)
10 ft 3 in West of the East curb of So 84th
14 ft 9 in South of the North curb of Rockledge

Rockledge 36 ft wide
So 84th St 72 ft wide



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Driver of vehicle #2 stated that she was South on So 84th and Rockledge in the left turn lane waiting to turn left onto Rockledge. #2 stated that when the Southbound signal changed from yellow to red she attempted her left turn and as #2 was turning her vehicle and vehicle #1 collided. Witness stated that she was South on 84th in the left turn lane at Rockledge directly behind vehicle #2. Witness stated that #2 was waiting in the intersection as Northbound traffic was passing through the intersection and that when the N/S signals changed from yellow to red, #2 attempted her left turn. Witness stated that when #2 was turning, vehicle #1 entered the intersection against the red Northbound signal and collided with vehicle #2. Driver of vehicle #1 stated that he was North on 84th in the outside lane approaching Rockledge. #1 stated that as he approached the intersection the Northbound signal changed from green to yellow and that the vehicle to the ...

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME Michelle Bell 1211 Cessna Cir, Lincoln, NE 68517				PHONE 402-429-2992
	NAME				PHONE
VEHICLE MOVEMENT BEFORE COLLISION		POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)		AIRBAG DEPLOYED VEHICLE 1	RESTRAINT USE VEHICLE 1
VEH NO.	N S E W ROAD OR HIGHWAY NAME				
1	X So 84th			4	2
2	X South 84th				
1	01 06 Turning left	VEHICLE 1	VEHICLE 2	1 None used - vehicle occupant	
2	06 08 Making U-turn	POINT OF IMPACT	POINT OF IMPACT	2 Lap & shoulder belt used	
	08 Entering traffic lane	MOST DAMAGED AREA	MOST DAMAGED AREA	3 Shoulder belt only used	
	09 Leaving traffic lane			4 Lap belt only used	
	10 Parked			5 Child safety seat used	
	11 Slowing or stopped in traffic			6 Child booster seat used	
	12 Other			7 DOT approved helmet used	
	13 Unknown			8 Costume helmet used	
				9 Restraint use unknown	
OFFICER NO. 762		TROOP/TEAM/BEAT 5		DEPARTMENT Lincoln Police Department	
INVESTIGATOR NAME (Print or Type) Todd Groves		INVESTIGATOR SIGNATURE Approved by Officer Todd Groves		Photographs taken? YES NO	
				DATE OF REPORT 09/17/2015	

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State of Nebraska

Investigator's Motor Vehicle Accident Description Continuation Report Sheet 3 of 3

Local No./
District 188

Agency	
Case	
No.	B5-086205

STATE USE ONLY

DATE OF ACCIDENT (MM / DD / YYYY)

09/17/2015

PLACE
OF
ACCIDENT

COUNTY

Lancaster

CITY | Lincoln

ROAD ON WHICH ACCIDENT OCCURRED	STREET/HIGHWAY NO.

South 84th

left of #1 stopped. #1 stated that he continued Northbound and thought he entered the intersection on a yellow signal and as he attempted to pass through the intersection his vehicle and vehicle #2 collided.

OFFICER NO.

762

TROOP/
TEAM/
BEAT 5

5

DEPARTMENT

Lincoln Police Department

INVESTIGATOR NAME (Print or Type)

INVESTIGATOR SIGNATURE

Todd Groves

Approved by Officer Todd Groves

DATE OF
ACCIDENT

09/17/2015